#920

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
000122391	Zion Korean United Methodist Church
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI # 13110	Church

5. Principal office address	City	State	Zip
35 Kilvert St.	Warwick	RI	02886

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Choong S. Lee	Gene J. Choi
Street Address	**Street Address**
70 Kennedy Dr.	457 Tiffany St.
City / State / Zip	**City / State / Zip**
Attleboro / Ma / 02703	Attleboro / Ma / 02865
Secretary Name	**Treasurer Name**
Choong Min Lee	
Street Address	**Street Address**
180 Legend Rock Dr.	Heehong Kim
City / State / Zip	**City / State / Zip**
Wakefield / RI / 02879	Prov. / RI / 02908

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Sun H. Yoon	Richard Kim
Street Address	**Street Address**
25 Point Road	232 Westminster St
City / State / Zip	**City / State / Zip**
N. Kingstown / RI / 02852	Prov / RI / 02903
Director Name	**Director Name**
Gene J. Choi	
Street Address	**Street Address**
457 Tiffany St.	
City / State / Zip	**City / State / Zip**
Attleboro / Ma / 02865	

8. REGISTERED AGENT IN RHODE ISLAND

This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 18 2018
BY 4939 DS

Form No. 631
Revised: 04/2014

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Choong S. Lee 6/10/2018
Signature of Officer or Authorized Representative — Date

Choong S. Lee
Print or Type Name of Officer or Authorized Representative